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Follow-up to UNAIDS Programme Coordinating Board Meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS*

Summary

The present report addresses the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. The report focuses on the implementation of decisions from the 25th Programme Coordinating Board meeting, held in December 2009, as well as plans for follow-up on the decisions of the 26th meeting held in June 2010.

Elements of a decision

The Executive Board may wish to take note of the report.

* The compilation of data required to provide the Executive Board with the most current information has delayed submission of the present report.

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I. Context

1. The United Nations set the year 2010 for realization of universal access to HIV prevention, treatment, care and support. Numerous successes have been achieved in the HIV response. The AIDS movement extended treatment access to over 5 million people living with HIV in low- and middle-income countries by 2009. As a result, AIDS-related deaths dropped 10 per cent from 2004. The rate of new infections is down by 17 per cent over the past eight years. Yet despite progress, an estimated 10 million people in need of treatment continue to lack access, and for every two people newly on treatment, another five are newly infected. The long-term sustainability of the response in many countries is under threat as the expansion of available international funding slows — with implications for political commitment, scientific developments, governance, long-term capacity development, and shifts in the global architecture.

2. In June 2003, the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting to address the recommendations of the first five-year evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS)[1] (UNAIDS/PCB(13)/02.2). The joint meeting discussed the implications of the evaluation recommendations for UNDP, UNFPA, UNICEF and WFP, and addressed UNAIDS operational and governance issues. As a result, members of the Executive Boards agreed that follow-up to UNAIDS Programme Coordinating Board (PCB) meetings be included as a regular item in the Boards' agendas.

3. The present report, submitted jointly by UNDP and UNFPA, provides an update of the implementation of decisions at the 25th and 26th meetings of the PCB, held in December 2009 and June 2010, respectively. Key issues addressed during those meetings that were of particular relevance to UNDP and UNFPA included the Second Independent Evaluation of UNAIDS; the UNAIDS response to the Evaluation; the Evaluation implementation plan; and the UNAIDS Outcome Framework.

II. UNAIDS Second Independent Evaluation and response

4. At its 25th meeting, in December 2009, the PCB discussed the Second Independent Evaluation of UNAIDS, covering the period 2002 to 2008. The Evaluation concluded that UNAIDS remains highly relevant and has been successful in working towards its objectives of global leadership and broad-based political and social mobilization. It has been mostly successful in advocating greater political commitment at the global and country levels; and partly successful in promoting and achieving global consensus in policy and programmes and in strengthening capacity at the country level. Furthermore, it concluded that UNAIDS needs a leaner secretariat, better governance and clearer direction in the light of the diversifying epidemic and changing aid architecture. The Evaluation also noted the tangible benefits of the Joint Programme for sponsors in terms of maintaining HIV as a policy priority, financial resources, and access to a broad range of expertise.

[1] UNAIDS refers to the secretariat and 10 cosponsors.

5. UNAIDS found that the Evaluation was based on a sound methodology, contained credible findings, and included actionable recommendations. UNAIDS especially welcomed the Evaluation's call for innovation in the working methods of the Joint Programme. In December 2009, the PCB agreed 21 recommendations for action related to the outcomes of the Evaluation. Following its June 2010 meeting, the PCB made additional recommendations based on the report of its Task Force on governance. This report will focus on some of the major achievements realized and actions taken in follow-up to the Evaluation.

New UNAIDS mission and vision and strategic planning

6. At its 26th meeting, the UNAIDS PCB endorsed a new vision statement for the Joint Programme: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

7. The PCB also endorsed the new mission statement:

> "UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. UNAIDS fulfils its mission by:
>
> Uniting the efforts of the United Nations system, civil society, national Governments, the private sector, global institutions and people living with and most affected by HIV;
>
> Speaking out in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality;
>
> Mobilizing political, technical, scientific and financial resources and holding ourselves and others accountable for results;
>
> Empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and
>
> Supporting inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts".

8. In accordance with the recommendation of the Second Independent Evaluation, UNAIDS is developing a Strategic Plan for 2011-2015 to be submitted at the 27 meeting of the PCB. The Strategic Plan will be based on the 10 organizational priorities of the Outcome Framework and articulate UNAIDS future strategic directions. Extensive consultation has been undertaken and is still under way, outcomes of which, in addition to the Cosponsors' strategic plans on AIDS and jointly developed issue-specific strategies, will inform the UNAIDS Strategic Plan. Major components of the consultation process have included: the Multi-Stakeholder Consultation on the implementation of recommendations of the Evaluation, held in Bangkok in March 2010 and attended by Governments, donors, the private sector, philanthropic foundations, civil society, including networks of people living with HIV, and the UNAIDS secretariat and 10 cosponsors; professional message testing of opinion leaders in three regions; and a survey of all secretariat staff and Cosponsor Global Coordinators and Focal Points.

9. A Partnership Strategy is being developed in conjunction with the Strategic Plan and the resource mobilization strategy, and the articulation of the Outcome Framework into specific results. To date, the process for developing the partnership strategy has included consultation with cosponsors in the context of Global Coordinators' meetings to map out the process and timeline, as well as a literature review of previous frameworks and strategies of various partners and interviews with a variety of stakeholders. A working group has been established, which includes UNICEF, ILO and UNFPA from the Cosponsors, and is currently working to further expand upon a strategy outline drawing on consultations held to date.

10. The UNAIDS Technical Support Strategy working group has developed a draft technical support strategy based on extensive consultations with stakeholders. The strategy also influences and incorporates the Global Fund technical support options paper. Before finalization, the strategy will need to be closely aligned with and respond to the new UNAIDS Strategic Plan, Partnership Strategy and revised Division of Labour.

11. Consistent with the findings of the Second Independent Evaluation, the Joint Programme is also undertaking a capacity needs assessment of staff at the country, regional and global levels, with an eye towards collective rationalization of staff in accordance with the new Strategic Plan. The first two steps of implementation have been completed: the data collection from the countries and regions through a web-based survey, and the verification of these data by cosponsor agencies. The analysis of the data will be completed in the third quarter of 2010 and the recommendations will be submitted to the PCB in December 2010.

Division of Labour

12. The Evaluation made recommendations to review the UNAIDS Technical Division of Labour, noting that the current Division of Labour has practical limitations due to lack of: adequate accountability mechanisms; information availability and awareness; United Nations organizations priority and capacity; financial resources and funding options; and monitoring, reporting and evaluation. The Bangkok multi-stakeholder consultation offered an excellent opportunity for a transparent and focused dialogue with a wide range of partners on matters pertaining to the Division of Labour.

13. The UNAIDS Committee of Cosponsoring Organizations agreed that the Joint Programme should develop: (a) an updated "Division of Labour", structured around the priorities and cross-cutting strategies outlined in the UNAIDS Outcome Framework; and (b) an accompanying consolidated "Division of Labour" Guidance document. The main goal of this exercise is to ensure delivery and accountability for nationally defined and owned results at the country level. The Committee also agreed to a set of core principles to govern the revision of the "Division of Labour" Matrix and development of its associated Guidelines.

14. A Joint Programme Technical Working Group, chaired by UNFPA as the current Chair of the Committee, is moving forward on defining specific roles, responsibilities and accountability to strengthen the overall work of the Joint Programme, including through the operationalization of cross-cutting issues. The aim is to submit the revised "Division of Labour" Guidance Document for consideration by the Committee in the third quarter of 2010.

Programme Coordinating Board Task Force on Second Independent Evaluation follow-up related to all aspects of governance

15. At its 25th meeting, in December 2009, the PCB decided to create a time-bound PCB Task Force on the Second Independent Evaluation follow-up related to all aspects of governance. The task force made four recommendations related to: revitalization of the Committee of Cosponsoring Organizations; donor behaviour; refocusing of the work of the PCB; and, working methods of the PCB. It noted that greater communication of decisions was needed between the PCB and the Executive Boards of cosponsoring agencies to ensure policy harmonization and consistency — as well as to help enable consistency of national positions in different boards.

16. In considering the Committee of Cosponsoring Organizations, the Task Force discussed broader issues of programmatic accountability, such as "how to ensure within the Joint Programme a clarity of roles and responsibilities, the visibility of individual agencies, and tools for measuring and reporting results against resources, that are needed to better identify who is responsible for what". The Task Force recommended that the annual report of the Committee to the PCB be changed to include "a main report on the performance of the Joint Programme as a whole with an additional 11 annexes (one per agency plus the secretariat) using a standard format that shows how each partner works and contributes to the results of UNAIDS, including figures for resource mobilization, efforts to align indicators; and information on AIDS-related decisions taken at agency board meetings." As the cosponsor representative, UNFPA will work with other PCB Bureau members to define the standard format.

17. The Task Force recommended revising the Coordinating Committee memorandum of understanding to state that the "cosponsors will ensure that the relevant objectives and indicators agreed in UNAIDS global level results frameworks are incorporated in the corporate results framework, or equivalent, of each cosponsor"; and enhancing the role of the Coordinating Committee "in agreeing benchmarks for performance and measuring progress against them". Experience in harmonizing indicators shows that at the outcome level it is often straightforward, but more challenging for common indicators at the output level. The Letters of Agreement between the secretariat and the Cosponsors need to be strengthened "for the release of funds with respect to accountability" and there is a "need for clarity on the principles for resource allocation".

18. In discussing the issue of financial accountability, the Task Force noted the evolution and development of the Unified Budget and Workplan and its associated Performance Monitoring and Evaluation Framework. In this regard the PCB requested UNAIDS in December 2009 to revise the role and contents of the Unified Budget and Workplan from 2012 onwards into a Unified Budget and Accountability Framework, which should measure the results of the entire budget and not just the core element. Work on developing the new Unified Budget and Accountability Framework will start in September 2010, and will address these issues noted by the Task Force. The final document will be submitted to the PCB in June 2011.

19. In discussing the recommendations and follow-up to the Second Independent Evaluation, the UNAIDS PCB has increasingly focused its attention on developing United Nations capacity at the country level to support national responses and that Unified Budget and Workplan core allocations should be made on the basis of epidemic priorities, the performance of cosponsors, and the funds that individual

cosponsors raise at the global and regional levels. It is important to note that the PCB, including through a reconstituted PCB subcommittee on the Unified Budget and Workplan, will be reviewing Unified Budget and Workplan core allocations, as well as analysing the proposed level and use of both regular and other extrabudgetary resources of cosponsors at the global, regional and country levels, and, potentially make recommendations regarding placement of cosponsor human resources. These issues are expected to be part of discussions during the next two PCB meetings, making harmonization of member State positions across the governing bodies of UNAIDS and the cosponsors all the more critical. Without harmonization, agencies could be faced with a dilemma should conflicting guidance on utilization of financial and human resources be presented.

Second Independent Evaluation implementation plan

20. An implementation plan has been developed, which summarizes the actions/measures to accelerate the process of changes to be made as recommended in the Second Independent Evaluation that will be of long-term benefit for UNAIDS to effectively deliver on its mandate and mission. The plan currently includes the 21 recommendations of the PCB at the December 2009 meeting, which are divided across eight work streams. It is expected that the June 2010 recommendations based on the work of the task force looking into matters related to governance will be added as appropriate. The products of the different work streams will be submitted to the PCB at its 27th meeting in a single document.

21. The implementation plan also gives more detail on cross-cutting issues and the relationship between the Evaluation and the UNAIDS Outcome Framework. If the Evaluation determines the "how" in UNAIDS programmatic delivery, then the Outcome Framework would be the "what", articulating key priority areas by which the Joint Programme will deliver agreed, measurable results against resources, and which will make a real difference in the lives of those infected and affected by the epidemic. It is, therefore, of fundamental importance that the implementation of the Evaluation and the operationalization of the Framework are mutually reinforcing. It is also important to note that the successful achievement of both these objectives will have much more far-reaching implications in positioning UNAIDS in its goal to expand the response to impact the broader development agenda.

III. UNAIDS Outcome Framework

22. To maximize the effectiveness, strategic focus and accountability for results, the Joint Programme developed and began implementation of the Outcome Framework 2009-2011, Joint Action for Results, a collaborative approach to achieve specific results in 10 Priority Areas, including through six agreed cross-cutting strategies. The current UBW document presents universal access as the overarching goal for UNAIDS to be achieved through the implementation of the UNAIDS Outcome Framework. The document then describes the Priority Areas of the Outcome Framework, and lists the broad areas where the Joint Programme will be working. Through intensified collaboration and programmatic focus, UNAIDS and its partners took action to help achieve the outcomes necessary to stem the HIV epidemic.

23. A joint letter from the UNAIDS Executive and the Chair of the United Nations Development Group has been sent to Resident Coordinators on the Outcome Framework, urging them to engage United Nations country teams in the implementation of the Outcome Framework and for the whole United Nations development system to focus its collective efforts on these priorities at the country level.

24. At the global level, Priority Area Working Groups have been established for each of the 10 priority areas of the Outcome Framework. These groups have produced "Business Cases" for each priority area, which generally describe why the priority area is critical, what challenges to scaling up exist, what needs to be done, and a consideration of the role of UNAIDS in scaling up. Operational plans are also being developed, with a focus on building upon what is working, and improving what is not. The annex to the present report provides an overview of the 2015 goals and 2011 Bold Results for each priority area.

25. Within the framework of the UNAIDS Unified Budget and Workplan and aligned to the respective UNDP and UNFPA 2008-2013 strategic plans, UNDP and UNFPA are implementing a set of strategic and complementary activities under the Outcome Framework on the following priority areas and cross-cutting strategies: (a) reducing sexual transmission of HIV; (b) preventing mothers from dying and babies from getting infected with HIV; (c) empowering men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health, and realize their human rights; (d) removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS; (e) meeting the HIV needs of women and girls and stopping sexual and gender-based violence; and (f) empowering young people to protect themselves from HIV. To address all priority areas effectively, six cross-cutting strategies have been articulated, including bringing AIDS planning and action into national development policy and broader accountability frameworks and realigning management of technical assistance.

26. Some highlights of action undertaken by UNDP and UNFPA to achieve the Bold Results for these priority areas are described below. To permit a more extensive review of achievements under the 2008-2009 Unified Budget and Workplan, a separate conference room paper has been submitted to the PCB linking investments and results.

Reducing sexual transmission of HIV

27. Linking HIV and sexual and reproductive health is central to reducing sexual transmission of HIV. UNFPA continues to expand the implementation of the 10-step process of the Global Condom Initiative to scale up comprehensive male and female condom programming for the prevention of HIV and unintended pregnancy from zero in 2006 to 71 countries in 2009. This initiative is a collaborative effort between national Governments committed to intensify demand for and access to good quality condoms to anyone who is sexually active and feels at risk for HIV or other sexually transmitted infections, the private sector, local and international non-governmental organizations and the donor community.

28. In intensifying prevention efforts, UNDP has emphasized action to address the underlying drivers of the epidemic, including stigma, discrimination and gender inequality. UNDP supported multi-stakeholder partnerships in 50 countries to

address stigma and discrimination. Furthermore, support was provided to local and national groups of people living with HIV from 70 countries. Such activities were aided by policy guidance on working effectively with networks of people living with HIV and other civil society groups.

Preventing mothers from dying and babies from getting infected with HIV

29. Normative guidance by the Joint Programme helped guide country-level action to prevent mothers from dying and babies from becoming infected with HIV, most often referred to as PMTCT. It is a priority area for linking HIV and sexual and reproductive health. UNFPA provided technical support to 61 countries for programmatic scale-up of PMTCT and service integration, including through regional train-the-trainer workshops in five African countries, as well as focused capacity-building exercises in numerous other countries, such as Turkmenistan and Nepal. Support was provided for development and implementation of national strategies for prevention of mother-to-child transmission in countries such as Bangladesh, Cambodia and Nigeria. Further guidance is being designed to contribute to scale-up of the comprehensive PMTCT services and provide practical guidance on how to strengthen policy and programming to implement the first two prongs of primary prevention of HIV among girls and women, and prevention of unintended pregnancies among women living with HIV.

30. With regard to the way forward, UNFPA will incorporate all four prongs of comprehensive PMTCT[2] into national reproductive health and HIV health and development strategies and plans; establish national coordination mechanisms between sexual and reproductive health and HIV to strengthen implementation of all four prongs; develop costed plans for scaling up comprehensive PMTCT; and link PMTCT health facility-based programmes with community-level programmes addressing the broader issues such as gender dynamics, education, stigma and discrimination, and economic empowerment.

Empowering men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health, and realize their human rights

31. UNFPA and UNDP significantly strengthened support for sound, rights-based HIV responses for sexual minorities. UNDP led the development of the UNAIDS Action Framework for men who have sex with men and transgender populations, whereas UNFPA led the efforts to develop the UNAIDS Guidance Note on HIV and Sex Work. To support this work UNFPA, UNDP, UNICEF, UNODC, and the UNAIDS secretariat have developed an In Reach Training programme. The goal of the training is to ensure that Joint United Nations Teams are prepared to better respond to the HIV-related needs of sex workers, injecting drug users and men who have sex with men within the context of the United Nations policies and programmes on HIV. The next scheduled training is for Southern and East Africa in September 2010.

[2] The four prongs of comprehensive prevention of mother-to-child transmission are: (1) Prevent HIV infection among girls and women; (2) Prevent unintended pregnancies among women living with HIV; (3) Reduce mother-to-child transmission through antiretroviral drugs, safer deliveries and infant feeding counselling; (4) Provide care, treatment and support to women living with HIV and their families.

32. UNDP provided technical support for regional Global Fund proposals addressing HIV among men who have sex with men and transgender populations in the Caribbean and South Asia, resulting in the approval of the first successful regional Global Fund project addressing sexual diversity. In addition, UNDP is providing support to 33 countries to address HIV among men having sex with men and transgender people in national strategies and Global Fund proposals.

33. There have also been great strides in addressing HIV risk and vulnerability in the context of sex work in 2010. The UNAIDS Advisory Group on HIV and Sex Work, which brings together the UNAIDS Cosponsors and secretariat, regional sex work networks, civil society and academia, held its second meeting, in June 2010, the week following the PCB meeting. The Group, co-chaired by the Global Network of Sex Work Projects and UNFPA, is completing four technical briefs to be annexed to the UNAIDS Guidance Note on HIV and Sex Work to further guide country-level responses and will monitor implementation in selected countries in 2010 and 2011.

34. UNFPA and UNDP have led the development of the Business Case in this priority area, identifying Bold Results in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), the UNAIDS secretariat, the Network of Sex Work Projects and the Global Men's Forum. The Bold Results to be achieved by 2011 focus on municipal-level action to build partnerships between these key populations, local authorities, law enforcement agencies, health services, and judicial authorities. Specific action will be taken to ensure men who have sex with men, sex workers and transgender people have access to non-judgmental and non-stigmatizing services and that human rights and law violations reported by these key populations are appropriately responded to.

Removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS

35. Through advocacy, policy guidance, and technical support, UNDP strengthened its efforts to ensure the removal of punitive laws, policies, practices, stigma and discrimination. In concert with Joint United Nations Teams on AIDS, UNDP supported more than 30 countries to create enabling environments, including undertaking audits of national legal frameworks and supporting access to justice for people living with HIV. In seven South Asian countries, UNDP assessed laws relating to women's inheritance and property rights, sex work, and trafficking. In collaboration with partners, UNDP produced and disseminated an HIV handbook for parliamentarians and also supported creation of a human rights database. UNDP facilitated the development of an Arab parliamentary convention on the rights of people living with HIV and supported the Inter-American Parliamentary Group in conducting a comparative analysis of HIV legislation in Latin America and the Caribbean.

36. In June 2010, UNDP launched the Global Commission on HIV and the Law. The goal of the Commission is to develop actionable, evidence-informed, human rights-based recommendations for effective AIDS responses that promote and protect the human rights of people living with and most vulnerable to HIV. The Commission is based on three mutually reinforcing axes: (a) a high-level commission that will add insight and weight to findings and recommendations; (b) a Technical Advisory Group and associated research activities to generate consensus

around the evidence base; and (c) regional hearings with affected communities and lawmakers and policymakers to ensure appropriate regionalization and broad buy-in.

Meeting the HIV needs of women and girls and stopping sexual and gender-based violence

37. The Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (UNAIDS Agenda for Women and Girls) is the operational plan for the UNAIDS Action Framework: addressing women, girls, gender equality and HIV. At its 25th meeting, the PCB strongly endorsed the process of the Global Task Force on Women and Girls, Gender Equality and HIV and welcomed the UNAIDS Agenda for Women and Girls. Both UNFPA and UNDP have developed agency-specific action plans on women, girls, gender equality and HIV to articulate for their respective agencies the areas of its mandate and related guidance pertaining to this area.

38. UNDP is leading an inter-agency initiative called Universal Access Now!, of which UNFPA is a member as well. The initiative was launched in 10 countries to strengthen efforts to integrate key gender actions into national AIDS strategies and plans and key HIV actions into national gender equality plans. Another inter-agency project, being led by UNDP, with UNFPA involvement, is to develop two resources on women, girls, gender equality and HIV: (a) a compendium of resources on integrating gender into national AIDS strategies; and (b) a road map for assessing national AIDS responses. To meet its responsibilities under the Agenda for Action, UNFPA furthermore supports systematic implementation of transformative men's and boys' initiatives.

39. UNFPA (with the Inter-agency Working Group on Gender-based Violence) and the Harvard School of Public Health International Program on Health and Human Rights have produced a study on gender-based violence and HIV that will be released later this year. As a steering committee member of the Global Coalition on Women and AIDS partnership, UNFPA reached consensus with other steering committee members on the future direction of the Coalition, and on advocacy events for 2010. UNFPA also continues to produce and follow up on national Report Cards on HIV Prevention for Young Women and Girls.

Empowering young people to protect themselves from HIV

40. UNFPA, as the convener of the Inter-agency Task Team on HIV and Young People and a member of the Priority Area Working Group on Empowering Young People, is leading the effort to support the operationalization of the Business Case on Empowering Young People through capacity- and consensus- building and technical support at the country level. As a result, in Malawi an action matrix has been agreed by the Joint United Nations Team on AIDS and the key Ministries and partners, and the three Bold Results (increasing comprehensive knowledge, doubling condom use, and doubling HIV counselling and testing) have been incorporated into the National AIDS Integrated Annual Workplan for 2010/2011. In Namibia, for the first time in two years, the Joint United Nations Team on AIDS and partners met in March to review the progress made on HIV prevention among young people and has since developed a detailed action matrix with roles and responsibilities, including budgets to be implemented by all key partners in the next three years. In May 2010, UNFPA brought together all the East and Southern

African countries, which accounted for an estimated 57 per cent of all new HIV infections in 2007. Country teams discussed the need to focus on behaviour change strategies, condom availability and use, HIV testing and counselling, and information/data and agreed to build their capacities in these areas. UNFPA and members of the Priority Area Working Group will provide technical support to these countries in addition to undertaking a rapid assessment of the status of HIV programming/response in the nine countries to inform effective implementation of the Business Case on empowering young people to protect themselves from HIV.

41. To ensure inclusion of evidence-based interventions in the Global Fund proposals, UNFPA and the Inter-agency Task Team on HIV and Young People have developed a Technical Note for Global Fund Applications on HIV and Young People for use by both country teams and the Global Fund Technical Review Panel. In addition, UNFPA provided technical and financial support to UNESCO in its development of International Guidance on Sexuality Education. The guidance will assist Governments to plan for feasible and sustainable scaling-up of programmes on sexuality education, one of the Bold Results in the Business Case. In October 2010, UNFPA and UNESCO are planning an advocacy and capacity- building workshop for the Curriculum Development Officers in the Ministries of Education for the Pacific region.

42. In 2009, UNFPA continued to enhance capacities at the country level to implement effective policies and programmes to prevent infections among young people by providing technical support in 113 countries, in 87 of which technical support focused on the most-at-risk young people.

Bringing AIDS planning and action into national development policy and broader accountability frameworks

43. UNDP provided global and regional support to 63 countries to facilitate mainstreaming of HIV into national and sector development plans and processes. Focused support in 23 countries aided integration of HIV into Poverty Reduction Strategy Papers. UNDP furthermore supported national authorities in 60 countries to strengthen governance and coordination of the national response. Assessments in 20 countries in West and Central Africa strengthened leadership and governance of national AIDS responses and harmonization of donor funding. UNDP collaborated with partners to support strategic planning to countries in Asia and worked in more than 40 countries to build the capacities of districts, municipalities, civil society and community-based programmes to implement HIV programmes.

IV. The way forward

44. The Second Independent Evaluation provides an excellent opportunity to advance the new vision and mission statement, as well as the UNAIDS Outcome Framework for 2009-2011, in order to reposition and realign the Joint Programme to permit increased focus on priority actions.

45. The UNAIDS Outcome Framework (2009-2011) sets ambitious near-term objectives which can serve as milestones for the establishment of medium-term goals aligned with the Millennium Development Goals (MDGs) time frame — such as virtual elimination of mother-to-child transmission and the halving of tuberculosis mortality rates of those living with HIV.

46. Progress in these 10 Priority Areas will also be critical to achievement of the MDGs. As a multisectoral, cosponsored programme that includes health, development, sector-specific, and financing agencies, the Joint Programme itself reflects the degree to which the HIV response cuts across the broad array of MDGs. As the Secretary-General underscored in his latest report to the General Assembly on progress in the HIV response,[3] there is a synergistic relationship between the HIV response and the broader development agenda. Gains in reducing HIV incidence, HIV-related morbidity and mortality, and the epidemic's broader socio-economic impact support global efforts to reduce poverty and hunger, promote women's equality and human rights, ensure universal education, and generate broad-based improvements in health outcomes. Conversely, achievements across the full array of MDGs support HIV-focused initiatives to reduce HIV risk and vulnerability, deliver essential HIV treatment and care, bolster critical national systems, and promote innovative partnerships for health.

47. UNDP and UNFPA are committed to promote stronger linkages between the AIDS response and the broader MDG movement, and support strategic mainstreaming of HIV with other development objectives within these agencies.

48. UNDP has developed an MDG Breakthrough Strategy to help countries close the gap between where they are now and where they need to be to meet the MDGs and sustain the progress achieved. The UNDP MDG Breakthrough Strategy highlights areas of intervention that can accelerate MDG progress by breaking down multiple barriers at once. One such area is HIV. Because the MDGs explicitly locate HIV within a broader international commitment to human rights and human development targets, they provide a critical platform for Governments, United Nations agencies, and other partners to galvanize resources, political will and momentum behind this broader structural approach to addressing HIV. Moreover, by addressing factors such as poverty and gender inequality, a development-focused approach to HIV carries the potential to catalyse progress and generate synergy across a range of MDGs.

49. In June 2010, the PCB held a thematic session on sexual and reproductive health and HIV linkages, re-emphasizing the importance of action in this area and will take up the issue again during its regular meeting in December 2010. As HIV is the major cause of death in women of reproductive age, universal access to reproductive health and universal access to prevention, treatment, care and support must be approached in a synergistic manner. For example integrating HIV into maternal and child health and survival programmes is an ongoing strategy for UNFPA and its partners. UNFPA, in collaboration with the Inter-agency Working Group on Sexual and Reproductive Health HIV Linkages co-led by UNFPA and WHO, is also seeking to capitalize on the political commitment, including securing donor commitments, more strongly addressing prongs 1 and 2 of primary prevention of HIV among girls and women and prevention of unintended pregnancies among women living with HIV, supporting countries to assess policies, systems, commodity supply and service delivery barriers and supporting integration of sexual and reproductive health and HIV in the relevant national health and development plans. While UNAIDS plays an important role and actions are under way to meet commitments outlined in the operational plan, fully implementing the Agenda for Women and Girls will require strong national and community commitment.

[3] A/64/735.

50. The global AIDS response has been remarkably successful in mobilizing funding in the past — yet it is uncertain whether the positive growth rate will continue given the global recession and what appear to be shifting development priorities and concerns. In this context, there is a need to demonstrate the contribution of the AIDS response to development outcomes and leveraging the work of the Joint Programme to deliver all available synergies, renewing partnerships such as with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Global Health Initiative (the President's Emergency Plan For AIDS Relief) and the multiple health initiatives existing and fostering new partnerships, and most importantly, demonstrating an ability to work more effectively and efficiently to deliver results, through improved coherence, innovation and integration in support of countries and their financing partners.

Annex

Outcome Framework: Priority areas, quick facts, goals, bold results

1. We can reduce sexual transmission of HIV

Quick facts

- 80 per cent of all new HIV infections globally are through sexual transmission
- An unprecedented 50 million female condoms were distributed in 2009 (36.3 million of them in sub-Saharan Africa) compared with 33 million in 2008

Goal by 2015

Achieve a 50 per cent reduction in sexual transmission of HIV

Bold Results by 2011

In 10 of the 20 countries, which represent three quarters of new infections globally:

1. Achieve 50 per cent condom use at last higher risk sex.
2. Reduce both multiple concurrent and age-disparate partnerships by 10 per cent.
3. Double the number of men circumcised where HIV prevalence is high and rates of male circumcision low.

2. We can prevent mothers from dying and babies from becoming infected with HIV

Quick facts

- In 2008, an estimated 430,000 infants were infected with HIV through their mothers, 90 per cent of them in sub-Saharan Africa
- 45 per cent of HIV-positive pregnant women in low- and middle-income countries received antiretroviral drugs (ARVs) to prevent transmission of HIV to their infants in 2008, compared with 10 per cent in 2004

Goal by 2015

Virtual elimination of mother-to-child transmission (less than 5 per cent transmission of HIV from mother to child).

Bold Results by 2011

In 10 of the 22 countries with the greatest number of HIV-positive pregnant women:

1. Achieve at least 80 per cent coverage of effective ARVs for PMTCT.
2. Provide ARV coverage to at least 50 per cent of HIV-positive pregnant women eligible for treatment for their own health.
3. Reduce by 50 per cent the current unmet need for family planning among all women.

3. We can ensure that people living with HIV receive treatment

Quick facts

- More than 5 million people living with HIV are currently receiving antiretroviral treatment (ART)
- Worldwide as many as 10 million people living with HIV who should be getting treatment are not, including about 7 million in Africa

Goal by 2015

Ensure that people living with HIV receive treatment to achieve universal access to prevention, treatment and care, including nutritional support

Bold results by 2011

In the 10 countries with the largest number of people living with HIV:

1. Increase by 1 million per year the number of adults on ART.
2. Increase by 150,000 per year the number of children on ART.
3. Ensure that 60 per cent of people living with HIV know their status.

4. We can prevent people living with HIV from dying of tuberculosis

Quick facts

- One third of people living with HIV are co-infected with tuberculosis
- Over half a million people living with HIV died of TB in 2008

Goal by 2015

50 per cent reduction in TB deaths among people living with HIV compared to 2004 baseline

Bold Results by 2011

In 10 of the 21 countries most affected by TB/HIV:

1. Reduce TB deaths by 20 per cent among people living with HIV.
2. Treat 50 per cent of HIV-positive incident TB cases for both TB and HIV.
3. Ensure 80 per cent of TB patients know their HIV status.

5. We can protect drug users from becoming infected with HIV

Quick facts

- Opioid substitution therapy is now available in 70 countries, and needle and syringe programmes in 82 countries
- Globally, people who use drugs have fewer than two clean needles per month

Goal by 2015

Protect all drug users from infection with HIV by promoting harm reduction interventions and ensuring that all drug users living with HIV have access to HIV treatment and care

Bold Results by 2011

In 10 of the 20 countries where the epidemic is driven by unsafe drug use or where unsafe drug use threatens a new wave of HIV infections:

1. Regulations and policies will be implemented to support harm reduction in relation to injecting drug use and non-injecting stimulant use.
2. Needle and syringe programmes will be extended to regularly reach 40 per cent of people who inject drugs, and opioid substitution therapy to 10 per cent of people who inject opioids.
3. Double ART uptake for people who use drugs and are living with HIV.

6. We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS

Quick facts

- 106 countries report having laws, regulations or policies that present obstacles to access to HIV services for key populations
- 52 countries, territories and areas impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status

Goal by 2015

Legal, regulatory and social environments advance and safeguard dignity, health and justice in the context of HIV in all settings

Bold Results by 2011

1. Eliminate HIV-related restrictions on entry, stay and residence in at least 50 per cent of the countries that currently have such restrictions.
2. Eliminate inappropriate criminalization of HIV transmission and of key populations in 20 countries.
3. Achieve a 30 per cent yearly increase in programmes to reduce stigma and discrimination and increase access to justice for people living with HIV as well as other key populations.

7. We can meet the HIV needs of women and girls and can stop sexual and gender-based violence

Quick facts

- In Asia, the proportion of women to men living with HIV doubled between 2000 and 2008, mainly through sexual transmission in a long-term intimate partnership
- Between 15 per cent and 70 per cent of women report experiencing physical or sexual violence from a partner in their lifetime

Goal by 2015

National AIDS responses address the specific needs and rights of women and girls and reduce sexual and other forms of gender-based violence

Bold Results by 2011

1. At least 25 countries have included at least three strategic actions guided by the UNAIDS Agenda for Women and Girls in their national strategic plan, with an appropriate budget for implementation.
2. At least 15 countries have initiated implementation of a comprehensive set of actions to address and prevent violence against women.
3. At least 50 per cent of the high HIV-prevalence countries, which have operationalized the Secretary-General's UNiTE Campaign to End Violence against Women, have integrated HIV into the campaign.

8. We can empower young people to protect themselves from HIV

Quick facts

- In 2008, globally, young people account for 40 per cent of all new HIV infections in those 15 years and older
- Among young people living with HIV, 80 per cent (4 million) live in sub-Saharan Africa, of whom 70 per cent are female

Goal by 2015

Reduce new HIV infections among young people aged 15 to 24 years by 30 per cent

Bold Results by 2011

In at least 9 of the 17 countries that have the largest number of young people living with HIV:

1. Ensure that at least 80 per cent of young people in and out of school have comprehensive knowledge of HIV.
2. Double young people's use of condoms during their last sexual intercourse.
3. Double young people's use of HIV testing and counselling services.

9. We can enhance social protection for people affected by HIV

Quick facts

- In South Africa child-support grants reduced severe poverty by 20 per cent among households affected by HIV
- 75-80 per cent of the global population do not have access to social protection measures to allow them to deal with life's risks

Goal by 2015

Ensure that national social protection strategies are inclusive of people and households affected by HIV and contribute to universal access and MDGs

Bold Results 2011

1. Establish and embed HIV-sensitive social transfers (cash, food, in-kind) into national social protection programmes in 8 out of 10 high-prevalence countries.
2. Review and enhance national social protection and social health protection services to increase access to HIV prevention, treatment and care in three out of six selected countries.
3. Increase access of people and households affected by HIV to care, protection and support in three out of six selected countries.

10. We can empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy

Quick facts

- Men who have sex with men are 19 times more likely to become infected with HIV than the general population. Fewer than one in five sex workers receive adequate HIV prevention services
- Transgender people face violence and discrimination in every country, impeding their access to health

Goal by 2015

Men who have sex with men, sex workers and transgender people will be empowered to prevent HIV infection and to claim their human rights

Bold Results by 2011 (under consultation)

In at least 15 countries, large municipalities will work in partnership with communities to ensure that:

1. 50 per cent of large municipalities have informed, vocal and capable organizations of men who have sex with men, sex workers and transgender people that are recognized as partners to advance universal access.
2. 50 per cent of large municipalities have at least one comprehensive HIV programme that provides non-judgemental, non-stigmatizing, and relevant services for men who have sex with men, sex workers and transgender people
3. 25 per cent of rights and law violations reported by men who have sex with men, sex workers and transgender people benefit from a positive and appropriate response from relevant administrative or judicial authorities, rising to 50 per cent by 2015.